

Fig. 1

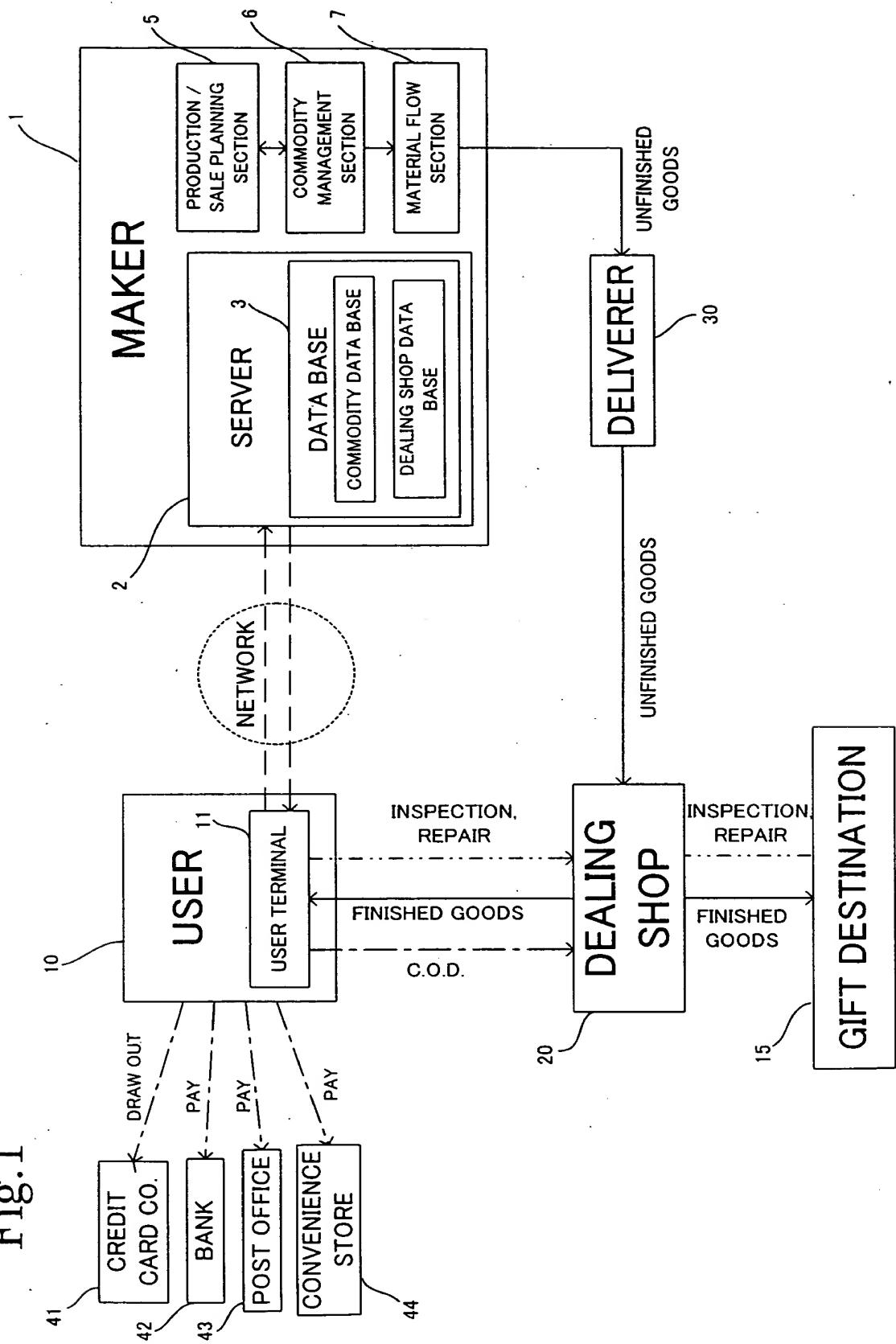
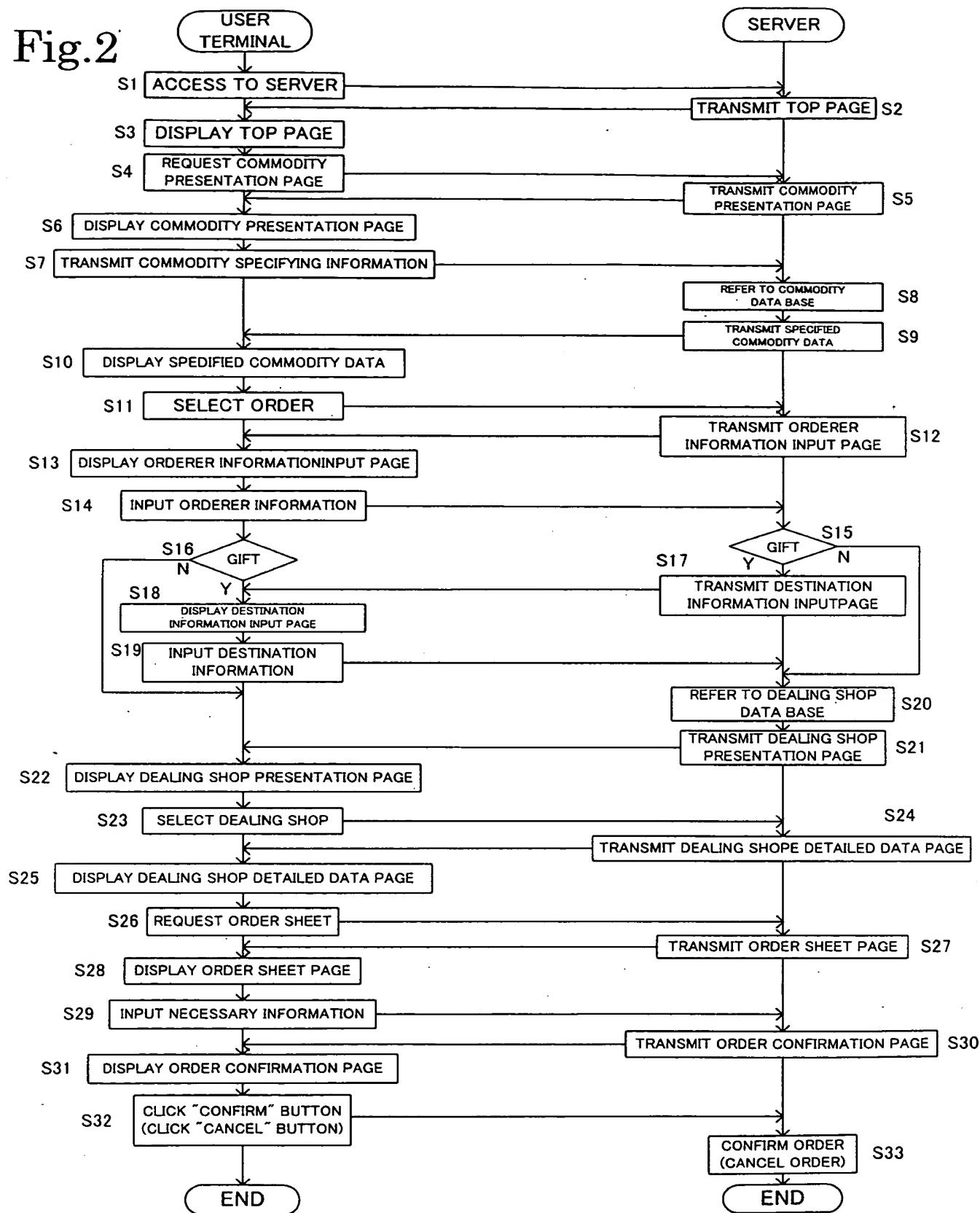
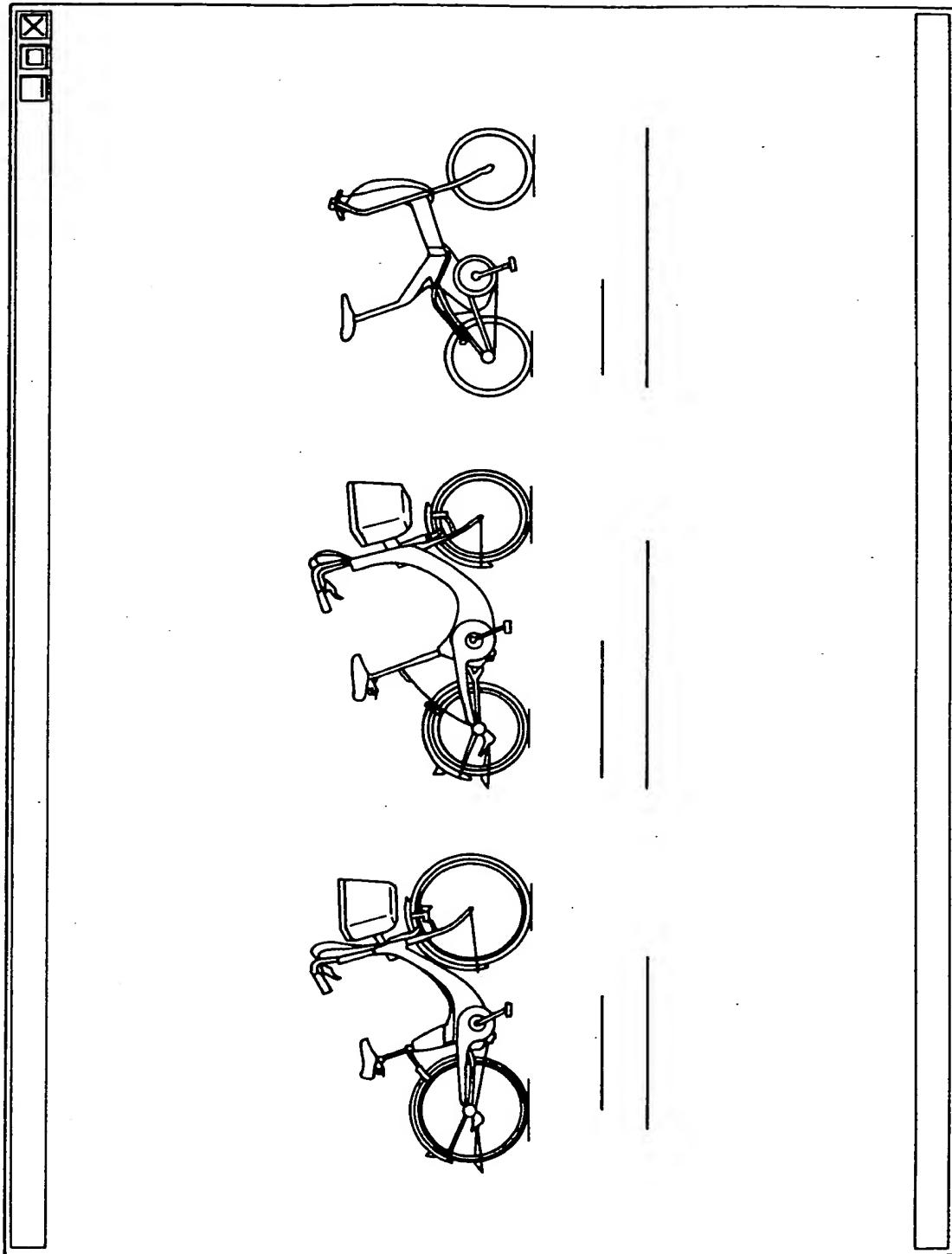


Fig.2



TOTOT "8666666660

Fig.3



FOOTDOT "8659960

Fig.4

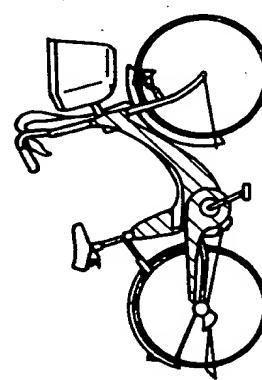
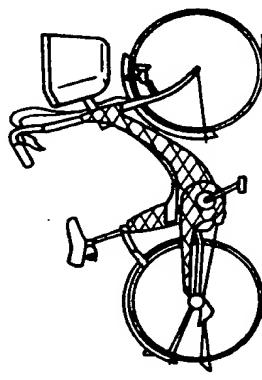
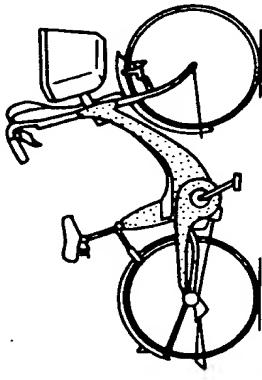
		
<hr/>	<hr/>	<hr/>
PRICE	—	—
SIZE	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>
COLOR	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>
ACCESSORY	<input type="text"/> <input type="radio"/>	<input type="text"/> <input type="radio"/>
ORDER	<input type="text"/>	

Fig.5

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
ORDERED COMMODITY												
ORDERER												
<table border="1"><tr><td>NAME</td><td> </td></tr><tr><td>POSTAL CODE</td><td> </td></tr><tr><td>RESIDENCE</td><td> </td></tr><tr><td>TEL.</td><td> </td></tr><tr><td>E-mail</td><td> </td></tr></table>			NAME		POSTAL CODE		RESIDENCE		TEL.		E-mail	
NAME												
POSTAL CODE												
RESIDENCE												
TEL.												
E-mail												
<input type="checkbox"/> GIFT												
<input type="checkbox"/> OK												

Fig.6

FIGURE 6.0

ORDERED COMMODITY \_\_\_\_\_  
\_\_\_\_\_

ORDERER \_\_\_\_\_  
\_\_\_\_\_

DESTINATION

NAME	_____
POSTAL CODE	_____
RESIDENCE	_____
TEL.	_____
E-mail	_____

OK

TOPOTEXT 35599660

Fig. 7

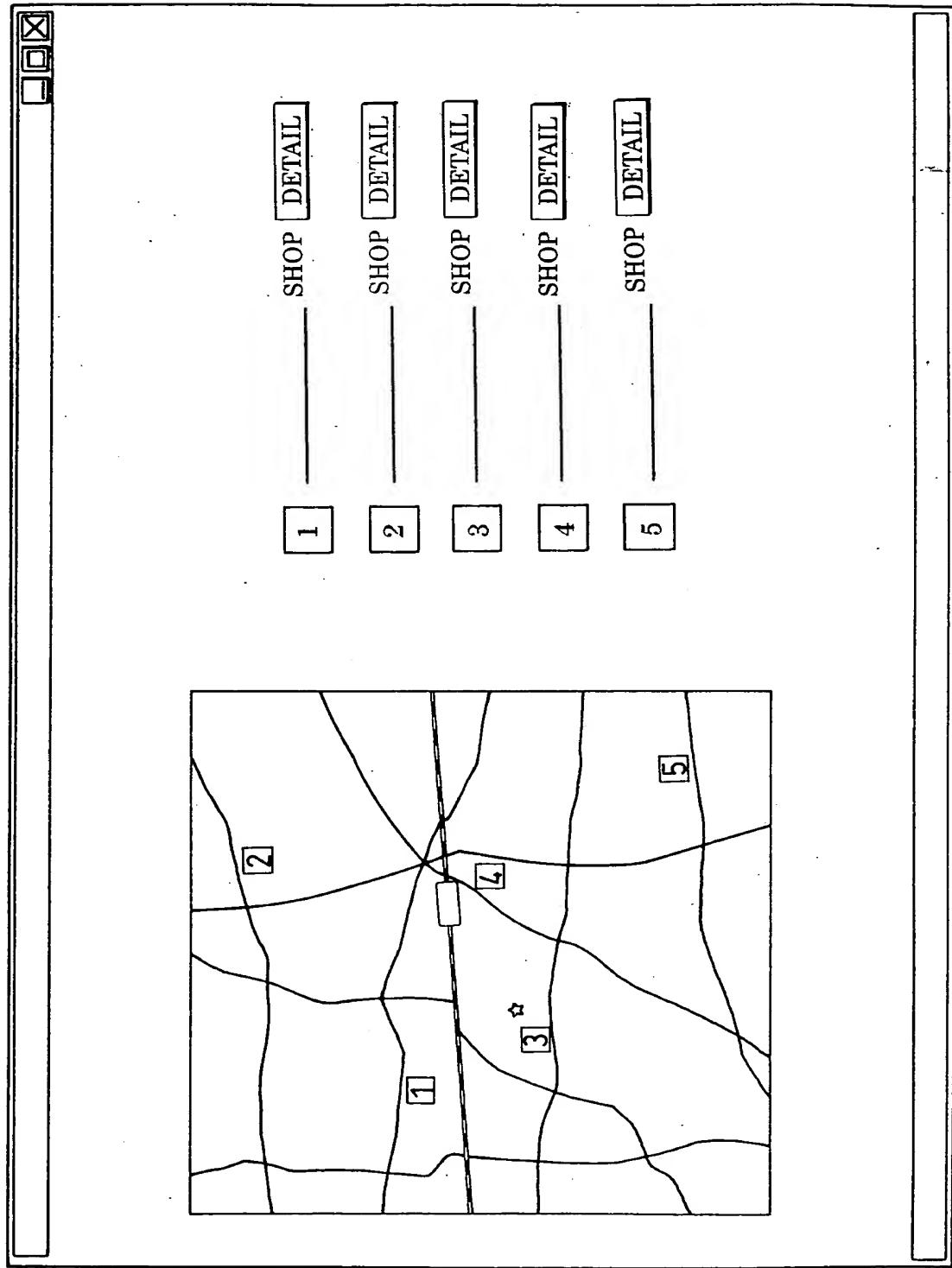
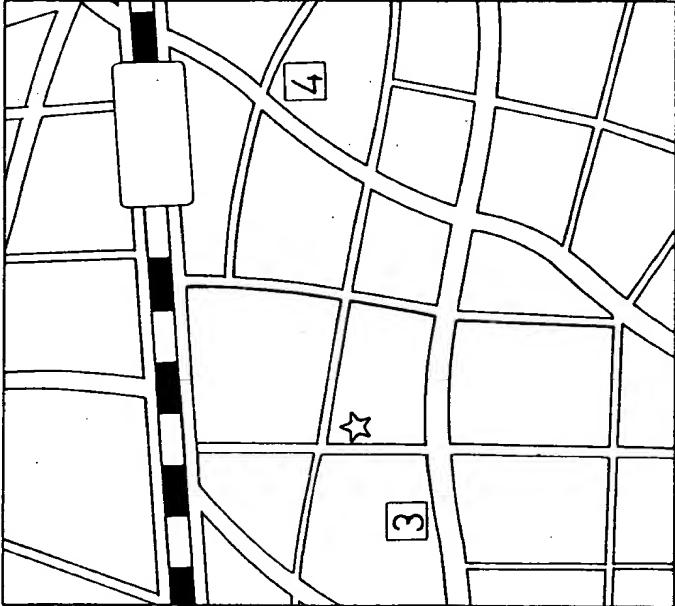


Fig.8

<input type="checkbox"/> 3	SHOP	_____
	ADDRESS	_____
	TEL.	_____
	FAX	_____
	OPEN TIME	<input type="checkbox"/> <input type="checkbox"/>
	HOLIDAY	_____
		<input type="checkbox"/> RETURN
		<input type="checkbox"/> ORDER SHEET



FOOTER: 86535660

Fig.9

DELIVERY	
<input type="radio"/> DELIVER FROM DEALING SHOP AS FINISHED GOODS	
ORDERED	COMMODITY
EXPECTED DATE	MONTH <input type="text"/> DAY
O DELIVER FROM MAKER AS ASSEMBLING SET	
EXPECTED DATE	MONTH <input type="text"/> DAY
PAYMENT	
ORDERER	CREDIT CARD SETTLEMENT
	CARD NO. <input type="text"/>
<input type="checkbox"/> REVOLVING PAYMENT	
DESTINATION	EVERY MONTH <input type="text"/> YEN <input type="text"/> TIMES
<input type="checkbox"/> BANK	
<input type="checkbox"/> POST OFFICE	
<input type="checkbox"/> CONVENIENCE STORE	
<input checked="" type="checkbox"/> C.O.D.	
OK	